

DEVELOPMENT OF A PREVOCATIONAL PROGRAM IN ACUTE PSYCHIATRY

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Abstract

The lack of vocational services in an acute psychiatric facility spurred the Occupational Therapy Department to develop a prevocational program. A theory base was developed according to the occupational behavior frame of reference which is based on general systems theory. The four major components of the program include the evaluation phase, skills development, vocational guidance/counseling and placement. An incentive program has been developed to reward patients for appropriate work behaviors.

Program Description

The prevocational program services patients from 7 different units in the 340 bed psychiatric pavilion at Bergen Pines County Hospital. Patients are scheduled for intake upon receipt of a signed referral form by the physician. Patients are expected to attend one hour per day. A prerequisite is based upon their participation in the work groups held on their referring units. The patient must have sufficient cognitive, physical and emotional abilities to participate in the program. The program incorporates the model of human occupation into its design and in particular emphasizes the habituation subsystem through the use of incentives awarded for consistent work behaviors.

Model of Human Occupation

The open system (man) as described by Allport and Von Bertalanffy (1968) includes the dynamic interactions of man with his environment. The open system interacts via a process of input, throughput, output and feedback from the environment. Kielhofner, Burke, and Igi (1980) have translated this theory into a Model of Human Occupation.

The parts of the open system are the volition, habituation and performance subsystems. The volition subsystem consists of motivation structures which urge the organism to act (values, goals, interests). The habituation subsystem includes the arrangement of behaviors into patterns (habits). The performance subsystem consists of the capacities needed for action- rules and skills. The interaction of the three subsystems and the input, output, throughput and feedback cycles constitute basic dynamics of the system which intermesh over time.

Major Components of the Prevocational Program

Vocational Assessment. The assessment phase is an ongoing process which utilizes both standardized and informal tests. Due to the unpredictability and nature of mental illness, alteration of standardized tests are required to produce more accurate physical and vocational

measurements. Alteration of standardized tests allows the therapist to teach vocational skills rather than assess deficits. The standardized scores must be disregarded but the information gained by altering the test can be substantial. Some of the variables that interfere with standardized testing include the side effects of medication on performance causing fatigue, blurry vision, slurred speech, akathisia and anxiety. This may block their ability to carry out complex verbal instructions. The primary standardized evaluations utilized include the VALPAR small tools and simulated assembly work component samples the Purdue Pegboard and the Short Tests of Clerical Ability.

The VCWS I is chosen when a patient claims to have prior experience with tools. Patients are often unable to follow the sequential patterns as stated in the instructions; however, the therapist can assess the patients' familiarity and utilization of tools and their ability to perform auto mechanics or repair work.

The VCWS 8 is administered to determine a patient's ability to perform assembly work. Since many of the patients are eventually referred to a sheltered workshop in the community, these skills can be easily transferable and are relevant to the types of work they will encounter. The writer has attempted to establish local norms for this population. Currently the average score represent 176 correct assemblies within the 20 minute timed period.

The Purdue Pegboard is administered in rare instances when there is a question of neurological dysfunction as evidenced by poor fine motor skills and inability to perform bilateral tasks. On one occasion this test proved to be extremely critical for the patient. It was observed on previous occasions that this patient was having difficulty writing within the lines on a sample job application and buttoning his shirt appropriately. The staff felt there was a lack of motivation on the patient's part to take care of himself. When administered the test, the patient exhibited gross inability to perform the assembly portion of the test. Results of the test were reported to the treating team, a CAT scan was ordered and the patient was subsequently operated on for a brain tumor. The patient recovered rapidly and was then referred to a sheltered workshop. On another occasion, the Purdue Pegboard provided self confidence to a patient that had sustained a compression injury to her hands and felt that she would never be able to use them functionally. The actual performance of the test proved her ability to utilize her hands productively and gave her the confidence to pursue her area of interest in computers.

The Short Tests of Clerical Ability are a battery of 11 brief instruments designed to measure aptitudes and abilities important to the

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performance of tasks that are common to various office jobs. Individual norms, timed and untimed are provided for each of the following tests: arithmetic, business vocabulary, checking, coding, directions, oral and written, spelling grammar, typing, form completion, reading comprehension and filing. These tests are administered during the group one per session and are untimed. The emphasis is placed on accuracy rather than speed and to determine a patient's ability to follow complex written instructions.

Skills Development. Many unstandardized tests are used in conjunction with skills development. There are five major categories of hands on training available to patients. These are: office skills, maintenance work, assembly, cashing and sewing. Within each category there are several subskills each with its own task analysis and graded exercises. One of the most popular modalities utilized is the electronic cash register. The first step in the learning process involves familiarizing the patient with basic information about the machine. Grocery lists are introduced, then the patient is encouraged to role play and provide the customer with appropriate change. Patients feel a real sense of accomplishment when they are able to master this skill and they view it as having relevance to actual cashier work that they may have interest in. The office skills training segment seems to have a more sophisticated appeal for some patients. Traditional types of office work activities are available such as filing, xeroxing, mail sorting, bookkeeping and typing. This may be difficult for those patients with poor coordination and sitting tolerance and for those experiencing blurry vision or akathisia.

The maintenance training program has a lot of appeal to those patients accustomed to physical labor and those who do not have their high school diploma. This skill is viewed as realistic and viable in the job market and can be learned on the job. Duties include washing the windows, vacuuming the carpet, sweeping and mopping the floors and cleaning the bathroom.

Assembly work is often the beginning task for those patients with poor or no previous work history. The patients are instructed to find the correct size nuts, bolts and washers and to package them in bags. Most patients can perform this independently and it can be made competitive with the introduction of timings.

Operation of the sewing machine often appeals to women who have been in the homemaker role for most of their lives. They can incorporate their leisure skills with the development of work habits. The patient is required to complete a simple smock which is then given to the children's unit for use during their task skills group. The patient may choose to keep their project if they so desire. This skill is the most complex and time consuming to teach and is only introduced with patients that have some previous experience with the machine.

Career Exploration/Counseling. Three types of interest inventories are utilized in the program. The interest inventory has grown out of the trait-and-factor theory of vocational development, according to Osipow (1983). The results of interest inventories can assist in developing vocational objectives.

The Career Assessment Inventory is the most widely used in the prevocational program. The test requires a sixth grade reading level, takes 30 minutes to complete and compares their interests with those of workers in occupations that require less than 4 years of college. Nearly half of the patients served by the prevocational program have a high school education or G.E.D which places them in the range of jobs specified in the Career Assessment Inventory. The patients feel very important when given the computerized results of the inventory because of the individualized approach. It often facilitates reality testing and promotes healthy discussion between the patient and writer.

The Strong Campbell Interest Inventory is rarely used because for the most part, advanced technical or college training is necessary for the careers specified. Only in the event that a patient has a college education would this be utilized.

The Self Directed Search has proven useful with lower level patients that do not have the concentration to complete the inventories stated above and require immediate results and feedback. The Self Directed Search can be administered and scored in a single session and the career exploration process initiated. This inventory utilizes the same classification system as the other inventories and is used in conjunction with the OOH and Occupations Finder to further stimulate discussion.

The Career Box and Job Box are used as adjuncts to the standardized interest inventories and are designed as quick references to several occupations. Each module consists of 56 booklets describing entry level careers. The additional worksheets provide the patient with visual reinforcement of the information provided and allows the writer to explore whether the patient has actually read and understood the information presented. These booklets are very popular with patients that have a short attention span and display concrete thinking.

Vocational Placement. This component is the most critical for the patient because it represents the culmination of their treatment in the hospital. There is a very strong tie with community sheltered workshops and in particular, Friendship House. Friendship House is a prototype of the Fountain House program in New York City which provides training to patients in four major areas: clerical, maintenance, factory and food service. Patients are referred mainly to the Friendship House program because of the continuity and strong support offered by staff. Once engaged in the Friendship House program, clients are prepared for transitional employment in the community where they will be earning minimum wage.

Other agencies utilized include the Job Bank, DVR and the Volunteer Bureau. However,

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the success rate of those patients referred is very poor in comparison with those patients referred to the Friendship House program. One of the major reasons for this is due to the patient's readiness level for gainful employment or a less supportive system. In most cases, the patients are in need of maximum community support and transition themselves slowly back into the community. Only those higher level patients with a good work history, self confidence and vocational skills can utilize job placement agencies effectively.

Conclusion

A prevocational program can provide patients with successful work experiences in a non threatening environment, enabling the opportunity to practice and develop skills needed for eventual re-entry into the job market. Work not only helps to stabilize the lifestyle of the adult, but is a principal factor in self identity (Kielhofner, 1980). If we as rehabilitation professionals can increase a patient's self esteem and prepare them for the worker role, than this type of program is deemed necessary in an acute care facility where the process can begin prior to discharge from the hospital.

References

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